

MWCEA Exhibitor Application/Contract

Exhibiting Company, as it should appear on all printed materials _____
Primary Company Contact _____
Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ Fax (_____) _____
Email _____ Website _____

Exhibitor fee includes 2 complimentary registrations. Please print the names of your 2 registrants. Additional attendee registrations may be purchased below.

List names as you want to be printed on name tags and program.

1. Name _____ Title _____ Email _____
2. Name _____ Title _____ Email _____

Additional Registrations at \$225 if paid by March 21, 2017; (\$275 if paid after March 21, 2017)

1. Name _____ Title _____ Email _____
2. Name _____ Title _____ Email _____

VISIT **MWCEA.ORG** FOR EXHIBIT HALL MAP. LIST BOOTH LOCATION REQUESTS IN ORDER OF PREFERENCE.

1. _____ 2. _____ 3. _____

TYPE OF SERVICE OR PRODUCT YOUR COMPANY OFFERS:

- Home Care Services Inpatient Rehab Medical Equipment Neurological Care Orthopedic Services Transportation
 Pharmaceutical/Pharmacy Management Physical/Occupational Therapy Surveillance/Investigation Case Management
 Other: Please Specify: _____

BOOTH FEES: \$750 for registration if paid by March 21, 2017
 \$900 for registration if paid after March 21, 2017

ELECTRICITY AND/OR WIRED INTERNET CONNECTIONS AT YOUR BOOTH ARE NOT INCLUDED IN THIS FEE. EXHIBITORS WILL RECEIVE A PACKET FROM CONVENTION DISPLAY SERVICES CLOSER TO THE EVENT, AND YOU WILL BE BILLED SEPARATELY FOR THESE SERVICES IF NECESSARY.

TOTAL PAYMENT ENCLOSED: \$ _____

Exhibitor Rules and Regulations Agreement to be signed and returned electronically. This document may also be viewed and accepted at www.mwcea.org.

I have reviewed and agree to the terms of the Exhibitor Rules and Regulations at MWCEA.org/Exhibitor-Information.

Signature _____ Date _____

The total fee including booth and additional registration fees if any, must accompany this application by March 21, 2017, to avoid additional fees, as indicated above. Please make checks payable to MWCEA and attach a copy of this registration form to your payment. An approved copy will be returned to you, for your files. **Acceptance of this application by MWCEA constitutes a contract.**

Please Return Signed and Dated form to:

MWCEA Conference
P.O. Box 13508, Jackson, MS 39236-3508
ATTN: Amanda Hammond
Email: mwcea1@gmail.com • Fax (601) 321 1140 • Phone (601) 987 4251
MWCEA Federal ID number is 57-0907393.

For MWCEA use only:

Date Accepted by MWCEA _____ Receipt of \$ _____ is hereby acknowledged.

Exhibitor _____
MWCEA Exhibitor Coordinator Signature _____ Date _____